Application Number **CLAIMS ONLY** Filing Date 10/694992 Applicant(s) May be used for additional claims or amendments AFTER FIRST AMENDMENT AFTER SECOND
AMENDMENT
Indep Depend indep Depend Indep Depend Indep Depend Indep Depend 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 18 19 73 74 76 25 26 27 28 78 79 80 81 29 80 31 82 83 84 36 37 .67 88 88 89 90 91 92 93 94 95 96 97 98 99 100 Total Indep Total Depend Total Claims 48 49 50 Total Indegs Total Depend 3 Total Claims